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Bib Data Sheet

CONFIRMATION NO. 8000

|  |   |                               |   |   |  |   |  |  |                                      |                                 |
|--|---|-------------------------------|---|---|--|---|--|--|--------------------------------------|---------------------------------|
| <b>SERIAL NUMBER</b><br>09/902,122   | <b>FILING DATE</b><br>07/10/2001<br><b>RULE</b>   | <b>CLASS</b><br>360           | <b>GROUP ART UNIT</b><br><del>2652</del><br><b>2653</b> | <b>ATTORNEY DOCKET NO.</b><br>SJO920010042US1 |  |   |  |  |                                      |                                 |
| <b>APPLICANTS</b><br>Hardayal Singh Gill, Palo Alto, CA;<br><b>** CONTINUING DATA *****</b><br><b>** FOREIGN APPLICATIONS *****</b><br><b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 08/27/2001</b>  |   |                               |   |   |  |   |  |  |                                      |                                 |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Verified and Acknowledged <i>[Signature]</i> <i>CRM</i><br>Examiner's Signature Initials |   | <b>STATE OR COUNTRY</b><br>CA | <b>SHEETS DRAWING</b><br>7                              | <b>TOTAL CLAIMS</b><br><del>17</del><br>10    | <b>INDEPENDENT CLAIMS</b><br><del>3</del><br>2 |   |  |  |                                      |                                 |
| <b>ADDRESS</b><br>David W. Lynch<br>Altera Law Group, LLC<br>Suite 100<br>6500 City West Parkway<br>Minneapolis, MN 55344-7701<br><div style="text-align: right; font-size: 2em; font-family: cursive;"># 22865</div>  |   |                               |   |   |  |   |  |  |                                      |                                 |
| <b>TITLE</b><br>Method and apparatus for achieving physical connection between the flux guide and the free layer and that insulates the flux guide from the shields  |   |                               |   |   |  |   |  |  |                                      |                                 |
| <b>FILING FEE RECEIVED</b><br>710  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: <table border="1" style="width: 100%;"> <tr><td><input type="checkbox"/> All Fees</td></tr> <tr><td><input type="checkbox"/> 1.16 Fees ( Filing )</td></tr> <tr><td><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )</td></tr> <tr><td><input type="checkbox"/> 1.18 Fees ( Issue )</td></tr> <tr><td><input type="checkbox"/> Other _____</td></tr> <tr><td><input type="checkbox"/> Credit</td></tr> </table> |                               |   |   | <input type="checkbox"/> All Fees              | <input type="checkbox"/> 1.16 Fees ( Filing ) | <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) | <input type="checkbox"/> 1.18 Fees ( Issue ) | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Credit |
| <input type="checkbox"/> All Fees  |   |                               |   |   |  |   |  |  |                                      |                                 |
| <input type="checkbox"/> 1.16 Fees ( Filing )  |   |                               |   |   |  |   |  |  |                                      |                                 |
| <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )   |   |                               |   |   |  |   |  |  |                                      |                                 |
| <input type="checkbox"/> 1.18 Fees ( Issue )   |   |                               |   |   |  |   |  |  |                                      |                                 |
| <input type="checkbox"/> Other _____   |   |                               |   |   |  |   |  |  |                                      |                                 |
| <input type="checkbox"/> Credit  |   |                               |   |   |  |   |  |  |                                      |                                 |

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